

Mosquito Repellent is Available as a Statewide Benefit

Texas Health and Human Services covers mosquito repellents for the prevention of the Zika virus. The following notice describes claims processing, eligibility and benefit information specific to the mosquito repellent benefit for the covered programs listed below. The last page of this document contains a prescription template for claims processing.

Covered programs

1. Medicaid, both managed care and fee-for-service
2. Children's Health Insurance Program and CHIP-Perinatal
3. Healthy Texas Women program
4. Children with Special Health Care Needs services program

Program specifics

Medicaid and CHIP

Use of a Standing Order for the Mosquito Repellent Benefit

Texas HHS has issued a *Texas Medicaid Standing Order for Mosquito Repellent*) that may be used for people enrolled in Medicaid and CHIP. This order serves as a prescription and allows pharmacists to dispense mosquito repellent under the terms of the order. Pharmacies are encouraged to use this order instead of contacting the person's healthcare providers for individual prescriptions for mosquito repellent.

Pharmacists should reference the standing order for details. See below for additional information and tools to help with claims processing, including a prescription template for pharmacies.

Pharmacies may request a copy of the standing order by emailing VDP_Formulary@hhsc.state.tx.us.

A prescription from a valid healthcare provider is required for any pharmacy/pharmacist not operating under a standing order for the dispensing of mosquito repellent to people enrolled in Medicaid or CHIP.

HTW Program

A prescription isn't required for people enrolled in the HTW Program. The below information should be used to process HTW Program claims:

Provider name field: Zika, Zika (Last Name, First Name)

Address: 4900 N. Lamar Blvd, Austin, TX 78751

NPI: 1234568883

License: 2126X

The standing order may not be used for people enrolled in the HTW Program.

CSHCN Services Program

A prescription is required for people enrolled in the CSHCN services program. Contact the person's health care provider to obtain a prescription for mosquito repellent.

Mosquito Repellent Benefit Details

Eligible populations

- Females ages 10 - 55 years old and pregnant females of any age
- Males ages 14 and older

Quantity

- Coverage of mosquito repellents will be limited to two can or bottles per calendar month: only one can or bottle may be dispensed per fill, with one optional refill available per calendar month
- Mosquito repellent claims will not count against a person's monthly three-prescription limit for Medicaid fee-for-service.

Benefit duration

- The mosquito repellent benefit is available beginning Feb. 12, and will run continuously year-round.

Client responsibility

- Approved claims for people eligible people in Medicaid, HTW and CSHCN services programs will be provided at no cost to the person.
- People enrolled in CHIP may be subject to a copay depending upon family income. Any potential copays should not exceed the cost of the product.

Covered Products

Covered products have been selected based on guidance from the Centers for Disease Control. Please refer to the [Mosquito Repellent Benefit Products Assistance Chart \(PDF\)](#) for a current list of covered mosquito repellents.

Claims Processing

Prescription details

- For the dispensing under the Standing Order:

- ▶ See the Mosquito Repellent Prescription Template below.
- Pharmacies should process the claim per the prescription details if a written prescription is provided.

Reimbursement

- Reimbursement may vary for MCOs, but may not exceed \$6.50 per can/bottle.
- The Medicaid FFS reimbursement to pharmacies will be the usual and customary price to the general public or up to a maximum of \$6.50 per can/bottle of mosquito repellent (inclusive of product cost and dispensing fee); total calendar month maximum of \$13.00. Products will not be eligible for payment of a delivery fee or incentive fee.
- Pharmacies will be required to submit their usual and customary cost for the items.

Product Submission

- Each product's 12-digit Universal Product Code (UPC) has been converted into an 11-digit National Drug Code (NDC) for claims submission. Refer to the [Mosquito Repellent Benefit Products Assistance Chart \(PDF\)](#) for NDCs for submission.
- Mosquito repellent will be treated as a generic medication and pharmacies have the authority to fill the prescription with any covered product, unless the prescriber has stated "do not substitute" to specify the active ingredient (not the manufacturer).

Unit of Measure

- Pharmacies should submit the standard unit in the "Unit of Measure" field (600-28) when processing claims. For example, a 170 gram bottle should be submitted with a quantity of 170.

Days Supply

- A can of repellent is expected to last 15 days or more. Pharmacies are recommended to submit a 15-day supply.

Overrides

- The claims processor (fee-for-service or the MCO) may have to perform a manual override for pregnant women 9 or younger or 55 or older. In these situations pharmacies should contact the MCO provider line or, for fee-for-service, the HHS Pharmacy Benefits Access Help Desk at 800-435-4165.

For more information

- Texas Department of State Health Services
 - ▶ TexasZika.org
- Centers for Disease Control and Prevention
 - ▶ cdc.gov/zika/
- Vendor Drug Program
 - ▶ txvendordrug.com/formulary/formulary/mosquito-repellent
 - ▶ txvendordrug.com/providers/eligibility

Medicaid / CHIP Mosquito Repellent Template

Patient Name: _____ Patient Date of Birth: _____

Prescribed Product: Mosquito Repellent

Directions: Use topically, as directed per package labeling

Quantity: One (1)

Prescriber Name (Last, First): Parikh M.D., Rajendra

Prescriber NPI: 1255433876

NOTE: This template is to be used only in the processing of claims for mosquito repellent for people enrolled in Texas Medicaid and CHIP, under the Texas Medicaid Standing Order for Mosquito Repellent. Any unauthorized use of the above prescriber information shall be referred to the HHS Inspector General as potential fraud.

Healthy Texas Women (HTW) Program Mosquito Repellent Template

Patient Name: _____ Patient Date of Birth: _____

Prescribed Product: Mosquito Repellent

Directions: Use topically, as directed per package labeling

Quantity: One (1)

Prescriber Name (Last, First): Zika, Zika

Prescriber NPI: 1234568883

NOTE: This template is to be used only in the processing of claims for mosquito repellent for people enrolled in the HTW Program. Any unauthorized use of the above prescriber information shall be referred to the HHS Inspector General as potential fraud.